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Official

To: Examiner Mary Zeman
United States Patent & Trademark Office

Facsimile: (703) 308-4426
Telephone: (703) 305-7133

From: Shantanu Basu

Date: April 3, 2001

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Comments: 22300-20063.13

Re USSN 08/441,355

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GROUP ART UNIT: 1643

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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

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Total Number Of Pages In This Submission

17

Application Number 08/441,355

Filing Date May 15, 1995

First Named Inventor Michael HOUGHTON

Examiner Name M. Zeman

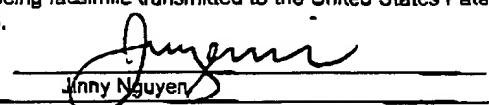
Group Art Unit 1643

Attorney Docket No. 223002006313

ENCLOSURES (check all that apply)

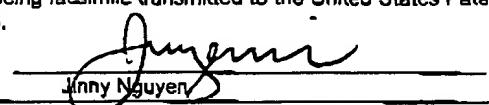
<input checked="" type="checkbox"/> Fee Transmittal Form-in duplicate (2 pages)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment Under 37 CFR 1.116 (14 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	1) Fax cover sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Morrison & Foerster, LLP, 755 Page Mill Road, Palo Alto, California, 94304-1018 Shantanu Basu, Registration No. 43,318
Signature	
Date	April 3, 2001

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Jenny Nguyen

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TRANSMITTAL FORM

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Total Number Of Pages In This Submission

17

Application Number	08/441,355
Filing Date	May 15, 1995
First Named Inventor	Michael HOUGHTON
Examiner Name	M. Zeman
Group Art Unit	1843

Attorney Docket No. 223002006313

ENCLOSURES (check all that apply)

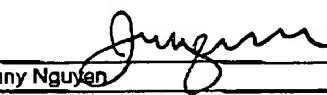
<input checked="" type="checkbox"/> Fee Transmittal Form-in duplicate (2 pages)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Morrison & Foerster, LLP, 755 Page Mill Road, Palo Alto, California, 94304-1018 Shantanu Basu, Registration No. 43,318
Signature	
Date	April 3, 2001

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL FOR FY 2001 DUPLICATE COPY FOR FEE PROCESSING

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$1960)

Attorney Docket No. **223002006313**

Complete If Known

Application Number	08/441,355
Filing Date	May 15, 1995
First Named Inventor	Michael HOUGHTON
Examiner Name	M. Zaman
Group Art Unit	1643

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **03-1952**

Deposit Account Name **Morrison & Foerster LLP**

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

- Check Credit Card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	55	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	685	Extension for reply within fourth month	
128	1,880	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
Total Claims	220	- 160 =	60	Fee from below	Fee Paid
Independent Claims	15	- 4 =	11		
Multiple Dependent					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claims, if not paid	
109	80	209	40	Reissue independent claims over original patent	
110	18	210	9	Reissue claims in excess of 20 and over original patent	

SUBTOTAL (1) **(\$0)**

2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid			
Total Claims	220	- 160 =			
Independent Claims	15	- 4 =			
Multiple Dependent					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claims, if not paid	
109	80	209	40	Reissue independent claims over original patent	
110	18	210	9	Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) **(\$1960)**

or number previously paid, if greater; For reissues, see above.

Other fee (specify) _____

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$0)**

Complete if applicable

Name (Print/Type)	Shantanu Basu	Registration No. (Attorney/Agent)	43,418	Telephone	(650) 813-5995
Signature	<i>Shantanu Basu</i>			Date	April 3, 2001

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